



Hivewatch Enter and View report West Walk Surgery 28 September 2017

Authorised representatives

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	West Walk Surgery Yate West Gate Centre 21 West Walk Yate BS37 4AX
Service Provider	West Walk Surgery
Date and Time	28 September 2017 11.00am - 1.00pm
Authorised Representatives	Mike Clothier supported by Joanna Parker Will Lake supported by Dominic Box Alison Head supported by Linda Broad
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1.2 Acknowledgements

Healthwatch South Gloucestershire and The Hive authorised enter and view representatives wish to express their gratitude to the staff and patients who participated in conversations with us during these visits.

Purpose of the visit

On Thursday 28 September 2017, Healthwatch South Gloucestershire and The Hive undertook a two hour morning enter and view visit to West Walk GP Surgery, housed at the Yate West Gate Centre. The purpose of the visit was to find out and understand how a person with a learning disability could access the services they need, and identify the experiences of care for people with a learning disability.

This enter and view visit to West Walk Surgery is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire and The Hive to



understand the quality of the care experience for people with learning disabilities within local services. This programme of work has been called 'Hivewatch'.

1.4 How this links with Healthwatch South Gloucestershire's work plan for 2017-18

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2017-18 is to engage with people with learning disabilities, and in partnership with The Hive, to undertake enter and view visits to health and care services across the district. Enter and view provides an ideal tool to identify the experiences and views of service provision by people with learning disabilities.

2 Methodology

2.1 Planning

A planning meeting was held by The Hive and Healthwatch South Gloucestershire. Training had been given to The Hive members to enable them to become authorised enter and view representatives. All enter and view volunteers have a DBS check and are given an identification badge to wear during visits. Healthwatch enter and view representatives have been 'buddied up' with the trained Hivewatch volunteers to assist them to observe health and care services in action, and to agree questions to use during enter and view visits.

2.2 How was practice observed?

On Thursday 28 September 2017, six Healthwatch and Hivewatch authorised enter and view representatives visited West Walk GP Surgery. Information was gathered from the Healthwatch and Hivewatch representatives' observations of staff interactions with the patients.

Observations were gathered by the Healthwatch and Hivewatch authorised representatives working in pairs.

Conversations with staff and patients were semi-structured and underpinned by the use of a checklist template and list of prompt questions developed collaboratively by Healthwatch and Hivewatch volunteers during the planning meeting.

The checklist covered areas to consider such as:

- the entrance to the surgery
- outside and inside the building
- the reception area



- the waiting room
- speaking to patients about their experience
- speaking to members of staff about their approach to caring for people with a learning disability
- implementation of the Accessible Information Standard

Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Notes were made by the Healthwatch authorised representative, who worked closely with each Hivewatch representative during the visit, and the Healthwatch South Gloucestershire Volunteer Support Officer then compiled the report based on the records from the conversations and observations. This report was then shared in draft form for all representatives to discuss and agree before the report was shared with service providers to agree any factual changes required.

2.4 About the services

West Walk Surgery

A general practice housed on the first floor of Yate West Gate Centre. The ground floor of the building comprises Yate Minor Injuries Unit, which is run by a different provider.

West Walk Surgery has a Care Quality Commission rating overall as 'Good'. It has four treatment rooms and 11 consulting rooms. There is a dedicated reception area. West Gate GP Surgery offers a range of health, children's, young people's and family services, including providing Learning Disability Health Checks with facilities for accessibility including:

- disabled parking
- induction loop
- wheelchair access
- disabled WC
- step free access

West Walk GP Surgery has a Patient Participation Group with a volunteer Healthwatch South Gloucestershire Champion.

3 Findings

Executive summary

Healthwatch and Hivewatch volunteers were surprised at the lack of knowledge about the Accessible Information Standard at West Walk Surgery.

Outside the building (Yate West Gate Centre)

Disabled parking: There appeared to be insufficient parking available for those people who potentially need it most. There are six disabled parking bays adjacent to the main entrance to the West Gate Centre, all of them were full at the time of the visit. There is also a drop-off bay area comprising three car spaces. These spaces were full with parked cars; only one of which was displaying a disabled person's car parking permit.

Paths / paving: It was noted that at least one of the pavement areas that had been lowered to enable easy access for people with a disability was blocked by a car parked in a disabled parking bay. This would appear to be a design fault, not the fault of the driver parking the car.

Car park: The car park was full and busy with people being dropped off and picked up. It was observed that there were bicycle racks available by the drop-off / pick-up zone which were unused, but there was no seating available. An elderly gentleman with a walking frame was waiting to be picked up and appeared to be finding it difficult to remain standing.

Easy access doors: The double width entrance doors opened automatically providing plenty of space for disabled people to access the building.

Signage: The signs at the pedestrian entrance were clear and in a good position. The sign to West Walk GP Surgery, is on a white background, written in a small script and difficult to see.



3.1 Inside the building

West Walk GP surgery is on the first floor of the building, called the West Gate Centre, and is easily accessible via stairs or lifts. The lifts are small but will accommodate a wheelchair.

Ground floor: The desk for the minor injuries unit looks like a general reception area for the whole building. The signs for a number of the other services, including the GP surgery, are on the wall behind anyone who is entering from the car park. Not necessarily the first place a patient would look. These signs would be clearer for people to see if they were entering from the other side of the building, but are not in the direct line of vision when entering from the car park.

The enter and view representatives suggested that it could be helpful to have a map locating each service on the outside of the building by the main door leading in from the car park.

3.2 First floor - West Walk GP Surgery

West Walk GP surgery reception: the reception area was immediately to the left upon entering the surgery. It was a very small area with some natural light. There was a yellow line painted on the floor with instructions to queue behind it until called to the reception desk (similar to that found in airport control). This was intended to ensure that there was some degree of privacy for any discussion between patient and receptionist. It was not very effective in ensuring confidentiality. It also caused problems as a queue built up, which blocked access to a treatment room and the corridor to GP consulting rooms and it spilled over in to the waiting area. There were signs alerting patients to the purpose of the yellow line but they were not placed in a position that was immediately obvious.

There were a myriad of notices on both sides of the wall of the reception area, it looked cluttered and messy and no-one was observed reading them.

Waiting room: the waiting area was spacious and well-lit with some natural light coming in from the well of a skylight. There were plenty of seats and two chairs specifically for bariatric patients. There was an area arranged in one corner with toys and books available for children to wait in. Toilets were easily accessible and were clean. There were no magazines available for adults to read and no television

available. The air conditioning was switched on, which kept the room at a comfortable temperature.

There was a touch screen to book in on arrival and a hand gel sanitiser available to use, which was tested and did have alcohol hand gel in it.

On the wall facing a row of chairs was a large range of posters, notices and written information; an electronic screen for 'calling' patients for their appointments and a bookcase with books for sale.

The screen was used to call patients in to see the GP or nurse. It displayed various healthcare information in between calls. When a patient's name appeared on the screen there was no audible voice announcement, although the screen background colour was yellow and made it easy to read. When asked why there were no audible calls for patients it was explained that the phonics of the automated system had been disabled as it distorted people's names and caused some patients embarrassment. If the patients did not see their call on the screen the GP or nurse would come in to the waiting room and ask for the patient by name, which does not seem to be a very efficient use of the system.

If there are any delays for patients waiting to see the GP then the doctor will ask the receptionist to deal with the issue.

There was a lot of written information and health promotion posters on the wall facing the rows of chairs in the waiting room. No-one was observed reading them. The font on some notices was very small and none of it appeared to be placed in a structured theme, it did not invite anybody to stand up and read it. Some of the information was about the surgery's Patient Participation Group and there was a poster about the surgery's Healthwatch South Gloucestershire champion, although none of the members of staff that we spoke to knew anything about Healthwatch South Gloucestershire.

3.3 Talking to members of staff

Two receptionists were working at the West Walk GP Surgery on the day of the visit, and were welcoming and friendly. One of the receptionists was new in post. They were not expecting our visit and did not know about the purpose or function of Healthwatch. They had not heard of the Accessible Information Standard. They had not had any training about how to help people with a learning disability. When



asked about how they recognised if someone needed help, especially if it was during a telephone call, they replied “they could sense it”.

Patients can book double appointments and can book online and on the phone. Patients can be assisted to fill in forms but it would depend on the length of the form.

3.4 Talking to patients

Most patients were being called in promptly for their appointments and two people declined to speak to us as their appointment time was imminent. One patient did briefly speak to us and confirmed that they are able to see a named GP within four to five weeks, although there is a telephone triage system which will prioritise those patients who need to be seen immediately or within 48 hours. The patient was not happy about the long wait to see a named GP, although there is choice about seeing a male or female GP and the doctors are easy to talk to. Patients are able to phone for an appointment or book in online.

4 Conclusion

It was unfortunate that no-one in West Walk GP surgery appeared ready for the enter and view visit despite Healthwatch South Gloucestershire sending two letters and a poster to the surgery, the Healthwatch Volunteer Support Officer speaking to the Practice Manager at a Patient Participation Group meeting, and making a telephone call to the surgery on the morning of the visit as a reminder.

Therefore, the information and observations the Healthwatch / Hivewatch authorised representatives were able to make were limited.

It is suggested that in future any announced enter and view visits to a service that has a volunteer Healthwatch South Gloucestershire champion in place should involve the champion. This may help to ensure the service is prepared for the visit and will enable discussion with the champion that may give more information about the service from a patient perspective.



5 Recommendations

It is suggested that **West Walk GP surgery** considers:

- staff awareness and compliance with the Accessible Information Standard
- decluttering/ moving / improving a lot of information on the walls in the small reception area
- making the sign(s) about the purpose of the yellow line on the floor bigger and clearer
- ensuring all members of staff have training about understanding, and meeting, the needs of people with a learning disability as part of their induction
- ensuring compliance with the Accessible Information Standard
- how a private area can be made available if patients need to share confidential or potentially embarrassing information with a receptionist
- taking action to revamp the written information on the wall and understand how notices / posters can be used to ensure an effective “Talking Wall”
- ensuring members of staff know that the surgery has a Healthwatch South Gloucestershire volunteer champion and understand their role and purpose.





We think West Walk GP surgery should:

- tell staff about the Accessible Information Standard and what they should do to follow it



West Walk GP surgery will invite Healthwatch in the new year to talk with staff at the surgery.

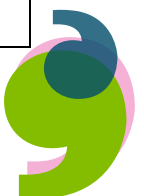
The Accessible Information Standard says that people who have a disability should get information in a way they can understand and have support with communication if they need it. It also tells people how to do these things.

- don't have so many notices on the wall in the reception area to make it easier to see important information



The Practice manager will talk with the Patient Participation group about refreshing the notices.

- make the sign about waiting at the yellow line, bigger and clearer



<ul style="list-style-type: none">• give all staff training about how to deal with people with a learning disability	
<ul style="list-style-type: none">• find a private area for people to go if they need to give confidential or embarrassing information to a receptionist	<p>There is already a private room at the surgery that can be used when a patient has to give confidential information.</p>
<ul style="list-style-type: none">• make the written information on the waiting room wall easier to read and understand	
<ul style="list-style-type: none">• make sure staff know about Healthwatch and who their Healthwatch champion is, if they have one	<p>West Walk surgery will invite Healthwatch to meet with staff and explain Healthwatch in the new year.</p>



Disclaimer

- This report relates only to a specific visit on 28 September 2017.
- This report is not representative of all staff and patients (only those who contributed within the restricted time available.)

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include¹:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007



CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;

- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Each Local Healthwatch has an additional power to enter and view providers² so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.^{4 5} Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is to

² The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

³ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

⁴ The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

⁵ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about and understand how a person with a learning disability could easily access the GP.

Objectives

- To undertake an announced E and V visits with Healthwatch authorised representatives buddying a Hive trained volunteer.
- To visit for a minimum of two hours.



- To have a minimum of three pairs of authorised representatives visiting, to ensure that as many staff and patients who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall service provided for patients.
- To produce a report of the findings from the observations and conversations and a report in easy read for people with learning disabilities.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with the GP surgery and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission.

6.3 Enter and View Methodology

A.1 Healthwatch South Gloucestershire (HWSG) enter and view (E and V) volunteers worked with The Hive members to discuss, agree, and test an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary.

A.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions.

A.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a patient, included open questions.

A.4 The GP surgery was informed in advance by telephone and letter of the E and V visits, including proposed dates and times. Posters about HWSG were sent to the service in advance so that these can be displayed on notice boards and used to inform patients and members of staff about the role of HWSG, the E and V visits, and to encourage staff to be present during the visits.

A.5 Each visit takes the form of a series of informal conversations with patients and staff. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients with a learning disability. The views of some of the members of staff, including managers, reception staff and GPs, are also sought.



A.6 All the authorised E and V volunteers including the Hivewatch volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity and Safeguarding. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about ‘how to tell your story’ in case any of them wish to send HWSG further information, or send it anonymously.

A.7 The data collected are the E and V representative volunteers’ subjective observations and notes from conversations with patients and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final ‘wash-up’ session is held separately.

